U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

5. Position in labor organization.

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E S CPO?					
1. File Number U- /0/ 98	2. Fiscal Year Covered From:				
	1 / 1 / 1127 Through: 12 / 31 / 2004				
3. Name and address of person filing.	4. Name, file number, and add ess of labor organization.				
Name THOMAS E STEFANIAK	Name IBEW : 53				
	Labor Organization File Number 03/ -/5/				
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any				
Street 19 LYNN ORIVE	Street 19 LYN: DRIVE				
City ST. PETERS	city ST. PETICS				
State M1550421 ZIP Code + 4 63376	State 14/550412/ ZIP Code + 4 63376				

Enter appropriate data below if, during the past 3s all year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

FINANCIAL SECRETARY

A. Held an interest in, engaged in transactions (including loans) monetary value from an employer whose employees your or	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
	7.b. Amount.
Street	
City	
State ZIP Code + 4	

Signature

15. Signature and verification. The undersigned decares, under penalty o submitted in this report (including the information contained in any accompand undersigned's knowledge and belief, true, correct, and complete. (See the s	nying docur	nents), has been exam	rined by the signatory and is, to the best of the
Signed Thomas C. Attional	On	8-1-65 Date	636 397/2/0 Telephone Number

Name of Person Filing		File Number U-	

B. Held an interest in or derived income or economic penefit with monetary value from a business (1) a
substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business
of an employer whose employees your labor organization represents or is actively seeking to represent, or
(2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise
dealing with your labor organization or with a trust in which your labor organization is interested.

Name C, MARSHALL FRIECMAN

Trade Name, if any: LAN OFFICES

P.O. Box, Bldg., Room No., if any

Street 1010 MARKET STREET

city ST. LOUIS

State # 15504 P-1

ZIP Cod2+4 6510/

9. Buşiness deals with:

X a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

2-16-04 (+) L'SCRY TICKETS -\$260000 12-4-04 NILIDAY GIFT 39.00

11.b. Approximate dollar value of such dealing.

\$299,00

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 14.a. Nature of payment.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Coce + 4

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.